Achieving the Triple Aim: Better Health and Better Care at Lower Costs

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Ability to See Things From Multiple Perspectives

- **Suzanne F. Clifford's Background**
  - Executive Vice President of Behavioral Health at Community Health Network & CEO of Gallahue Mental Health
  - 8 years consulting in almost half of the states in the country about healthcare transformation
  - Elected to the national board of the National Alliance on Mental Illness (NAMI)
  - Elected to the national board of the National Association of State Mental Health Program Directors (NASMHPD)
  - Appointed by 2 Governors as the Indiana Director of Mental Health and Addiction
  - Over 10 years in internal consulting and management positions at Eli Lilly and Company
  - Family member of a person with mental illness

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Agenda

- Importance of getting this right
- Community Health Network's initiatives to support better health and better care at lower costs
- Examples of current challenges
- Triple aim pilot opportunities

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Importance of Getting this Right for People with Mental Illness and Substance Use Disorder

- Recent tragedies across the country
- One in four adults experience a mental illness in a given year
- Premature, preventable deaths of people served by the public mental health system (Av. 25 years)
- Visits to emergency rooms involving the misuse of prescription drugs have doubled in the last five years
- Uncoordinated care can result in:
  - Poor health outcomes, poor patient experience and increased costs
  - Preventable ER visits, hospitalizations and duplicated services
  - Preventable state psychiatric hospitalizations
  - Unemployment
  - Homelessness
  - Incarceration in jails and prisons

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Suicide in Indiana

- More Hoosiers die by suicide than homicide in Indiana

- Suicide is the 2nd leading cause of death among Hoosiers ages 15 – 34 years

- It is estimated that more than 4,000 Hoosiers will seek emergency care this year for injuries related to suicide attempt

- In 2009:

  - Hoosiers ages 25–34 had the highest rate of hospitalization (72.7 per 100,000) due to self-inflicted injury or suicide attempt

  - Hoosiers ages 15–24 years had the highest rate of emergency department visits (182.0 per 100,000)

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Financial Impact of Suicide

- In addition to the devastating emotional impact on families and friends, suicide also places an enormous financial burden on our society:
  - The Centers for Disease Control and Prevention (CDC) estimated the cost to society of $26.7 billion in combined medical and work loss costs in 2005
  - For each suicide prevented, the United States could save an average of $1,182,559 in medical expenses and lost productivity

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National Behavioral Health Outcomes

- HBIPS for inpatient behavioral health treatment
- National Outcome Measures (NOMS)
  - Abstinence from drugs or alcohol
  - Employment/education
  - Access/capacity
  - Criminal justice
  - Housing
  - Retention/engagement in treatment
  - Social connectedness
  - Perception of care/patient satisfaction
  - Cost effectiveness
  - Use of evidence-based practices/principles

Quick Facts About Community

- Community-based network of healthcare providers

- Serving central Indiana since 1956

- More than 2 million patient encounters each year

- Eight hospitals with 1,200+ beds and 47,000 admissions, 200,000+ ED visits and 6,500+ babies delivered annually

- About 550 employed physicians, with 700,000 annual visits

- Multiple partners in higher education and health careers

- More than 200 sites of care, with 12,000+ employees and more than 2,000 credentialed physicians

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Community Health Network's Large, Robust Behavioral Health Continuum of Care

Behavioral Health Hospital

- Full-service 119 bed inpatient behavioral health hospital plus 1 unit at Westview and 2 units at Howard

- Serving children, teens, adults and geriatric patients

- More than 4,500 inpatient stays annually

- Emergency department and 24/7 behavioral health crisis services

Outpatient Community Mental Health Centers (Gallahue & Howard)

- Outpatient behavioral health care services in Marion, Hamilton, Howard, Clinton, Tipton, Hancock, Madison and Shelby counties

- More than 19,000 outpatients annually

- Over 100 Behavioral health service locations

- Youth and adult residential and housing services

- Home based

- Over 70 school based sites

- Department of Child Services (DCS) program

- Criminal justice system partnerships

- Education and employment placement services

- Behavioral health consult team in key non-psychiatric hospitals

- Integrated behavioral health with primary and specialty care

- Workforce development

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Community Health Network's Initiatives to Improve the Triple Aim

- Trauma Informed Care
- Population Management
- Integrated Primary Care Team
- Recovery Plus Teams (Illness Management and Recovery EBP)
- Wellness Recovery Action Plans (WRAP)
- Health Risk Assessments, Disease Management & Outcomes Monitoring
- Accountable Care Consortium
- Patient Centered Behavioral Health Home (near a hospital)
- Workforce Development

Community Health Network's Initiatives to Improve the Triple Aim (continued)

- Care coordination & knowledge management using a shared electronic health record
  - Evidence based behavioral health inpatient, residential, outpatient, recovery, school-based and home-based services
  - Health risk assessments and monitoring
  - Prevention & early intervention
  - Integrated primary care
  - Specialty care
  - Emergency departments and hospitals
  - Housing
  - Job training and employment services

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Examples of Current Challenges Negatively Impacting the Triple Aim

- Lack of care coordination leads to duplication of services, increased costs and sub-optimal outcomes

- Lack of primary care leads to expensive, preventable illnesses

- High administrative requirements/costs reduce resources for clinical services

- There are not simple solutions, so unintended consequences of changes often negatively impact the continuity of care for the people who have the greatest need (For example, DMHA should be allowed to continue to manage Medicaid Rehab. Option (MRO) and the expectations of certified community mental health centers)

Examples of Current Challenges Negatively Impacting the Triple Aim

- Lack of a system to treat people with a dual diagnosis of mental illness and a developmental disability
- Lack of funding for outreach and engagement discourages early intervention
- Coverage gaps cause expensive, fragmented care
  - Hidden health and financial costs due to delays in obtaining Medicaid or other healthcare coverage
  - Readmissions and avoidable costs due to lack of Medicaid coverage when people leave the state psychiatric hospitals
  - Rapid changes in Medicaid managed care providers for other populations lead to treatment disruption and time seeking a prior authorization only to learn that the person has a new managed care provider

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Triple Aim Pilot Opportunities

- Decrease administrative and other costs that do not improve client outcomes
- Integrate care and leverage a shared electronic health record across:
  - Care coordination
  - Evidence based behavioral health inpatient, residential, outpatient, recovery and home-based services
  - Health risk assessments and monitoring
  - Prevention & early intervention
  - Integrated primary care
  - Specialty care
  - Emergency departments and hospitals
  - Housing
  - Job training and employment services
- Foster partnerships for population management
- Evidence based treatment, target to treat and practice based evidence
- Workforce Development

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Triple Aim Coalition